

| POSITION                  | INITIALS    | ID NO        | DATE            |
|---------------------------|-------------|--------------|-----------------|
| FEE DETERMINATION         |             |              |                 |
| O.I.P.E. CLASSIFIER       |             |              |                 |
| FORMALITY REVIEW          | <i>hahn</i> | <i>TC820</i> | <i>5/30/01</i>  |
| RESPONSE FORMALITY REVIEW | <i>MD</i>   | <i>JGR</i>   | <i>07/13/01</i> |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*1707/02*